

DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY, EUROPE, AND SEVENTH ARMY
OFFICE OF THE DEPUTY CHIEF OF STAFF, PERSONNEL
UNIT 29351
APO AE 09014

ARAGA-CE (690-301H)

22 JAN 1993

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Overseas Outprocessing of Civilians and Identification of Exceptional Family Member Program (EFMP) Needs

1. References:

a. Army Regulation 608-75, 24 May 96, Exceptional Family Member Program.

b. Department of the Army Pamphlet 690-42, 4 Mar 88, Overseas Recruitment, Processing, and Medical Evacuation Procedures for Army Civilian Employees.

c. Army Regulation 690-300, Chapter 301, Overseas Employment.

2. CONUS civilian employees outprocessing for overseas positions in USAREUR are not being required to identify dependents who are in need of services rendered through the Exceptional Family Member Program (EFMP). According to references cited above, Department of Army civilians must identify dependent children with special education and medically-related service needs and family members with medical needs each time they process for an assignment to a location outside the United States where family member travel is authorized at Government expense. Advance information is required to ensure a smooth transition for the family.

3. Civilians reporting overseas without identifying EFMP needs create problems for families and communities in the overseas area where educational and medical services are not readily available. On occasion, small communities have had to spend significant amounts of money to accommodate individuals requiring services not already available in the local community or through the DODDS school system. Accommodating exceptional family member needs in this manner is unnecessarily costly and must be avoided. To alleviate the problem of civilians arriving overseas with unannounced exceptional family member needs, CPACs must ensure that their stateside recruitment procedures are in compliance with the requirements of the EFMP.

4. USAREUR CPACs are responsible for providing information to the stateside outprocessing station to ensure that employees depart for overseas as well informed as possible. As the gaining personnel office, USAREUR CPACs must ensure that the outprocessing CONUS CPAC

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requires the employee to complete and sign DA Form 5863-R, Exceptional Family Member Program Information Sheet (encl 1), and DA Form 5291-R, Army Exceptional Family Member Program Educational Summary (encl 2). If courtesy processing is done by a non-Army activity, the USAREUR CPAC must furnish the outprocessing office with the referenced forms and ask them to be returned to the CPAC prior to the employee's departure for the overseas area. The overseas location must be informed of the pending arrival and current medical needs of exceptional family members. Upon notification of EFMP needs, the CPAC must coordinate the completed forms with the appropriate DODDS and/or medical point of contact to determine availability of services. See flowchart of EFMP Civilian CONUS Hire process (encl 3).

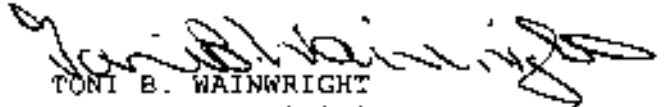
5. If a school-aged family member with a disability will accompany the selectee on the overseas assignment, the selectee must be informed about the EFMP and provided general information on the availability of educational and medical services in overseas locations. The information will be used to help selectees make informed decisions about the adequacy of care for family members, since services may vary from location to location as to current availability, level of quality, and proximity to the duty location.

6. DA Civilians who refuse to provide accurate information about exceptional family member needs of their dependents will be denied the privilege of having their family members transported to the duty assignment outside the United States at Government expense. Although the fact that a civilian employee has a dependent child with special education and medically-related service needs or a family member with medical needs cannot be the basis for non-selection, knowingly providing false information or concealing such information may subject an employee to criminal prosecution and administrative disciplinary action.

7. HQ USAREUR POC is Ms. Lou Smith, Policy Management Division, DSN 370-3153.

FOR THE DEPUTY CHIEF OF STAFF, PERSONNEL

3 Encls
as


TONI B. WAINWRIGHT
Director of Civilian Personnel
United States Army, Europe

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Exceptional Family Member Program (EFMP) Needs

DISTRIBUTION:

Personnel Officer,

Benelux Civilian Personnel Advisory Center, ATTN: AERSH-Z, CMR 451,
APO AE 09708-6105

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Unit 2813D, APO AE 09114

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Unit 26622, APO AE 09244

Director, USAREUR Civilian Personnel Operations Center, Unit 29150,
APO AE 09100

EXCEPTIONAL FAMILY MEMBER PROGRAM INFORMATION SHEET

For use of this form, see AR 608-75; the proponent agency is OACSIM

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: PL 94-142 (*Education for All Handicapped Children Act of 1975*); PL 95-561 (*Defense Dependents' Education Act of 1978*); DODI 1342-12 (*Education of Handicapped Children in DODDS*), 17 December 1981; DODI 1010.13 (*Provision of Medically Related Services to Children Receiving or Eligible to Receive Special Education in DOD Dependents Schools Outside the United States*), 28 August 1986, 10 USC 3013; 20 USC 921-932 and 1401 et. seq.

PRINCIPAL PURPOSE: To identify the special education and medical needs of dependent children and medical needs of adult family members of Department of the Army civilian employees processing for an assignment to a location outside the United States where dependent family member travel is authorized at Government expense.

ROUTINE USES: Information will be used by civilian personnel offices to determine the need for coordinating the availability of medically related services to meet the special needs of dependent children and medical needs of family members of Department of the Army civilian employees processing for an assignment to a location outside the United States where dependent family member travel is authorized at Government expense.

DISCLOSURE: The provision of requested information is mandatory. Failure to respond will preclude--
(1) Civilian personnel offices from performing required EFMP aspects of overseas processing of Department of the Army civilian employees with family members with special needs.

(2) Transportation of family members of Department of the Army civilian employees to duty assignments outside the United States at Government expense.

CONFIDENTIALITY: Information obtained will be maintained in strict confidence and provided only to those with an official need to know in identifying special needs and in processing personnel for assignments outside the United States.

PART A - GENERAL INFORMATION

ALL EMPLOYEES TAKING AN ASSIGNMENT IN A LOCATION OUTSIDE THE UNITED STATES WHERE FAMILY MEMBER TRAVEL IS AUTHORIZED AT GOVERNMENT EXPENSE MUST COMPLETE THIS FORM. EMPLOYEES WHO DO NOT HAVE FAMILY MEMBERS MUST COMPLETE BLOCKS 1-7 AND SIGN THE APPROPRIATE CERTIFICATION STATEMENT BELOW.

1. SPONSOR'S NAME (<i>Last, first, MI</i>)	2. SPONSOR'S SOCIAL SECURITY NUMBER
3. SPONSOR'S TITLE	4. SPONSOR'S GRADE
5.a. SPONSOR'S HOME ADDRESS	6. SPONSOR'S HOME PHONE (<i>Include area code</i>)
5.b. SPONSOR'S DUTY ADDRESS	7. SPONSOR'S DUTY PHONE a. DSN b. COMMERCIAL (<i>Include area code</i>)

PART B - FAMILY MEMBERS AUTHORIZED TRAVEL OUTSIDE THE UNITED STATES

8. NAME (<i>Last, first, MI</i>)	9. RELATIONSHIP	10. DOB (YYYYMMDD)	11. SEX
a.			
b.			
c.			
d.			
e.			

12. PLEASE READ ALL OF THE FOLLOWING QUESTIONS VERY CAREFULLY AND SIGN THE APPROPRIATE CERTIFICATION STATEMENT IN k. BELOW.

a. DO ANY OF THE ABOVE FAMILY MEMBERS HAVE A LONG TERM (*i.e., more than one year's duration*) PHYSICAL OR EMOTIONAL ILLNESS?

b. ARE ANY OF THE ABOVE FAMILY MEMBERS BEING SEEN AT A HOSPITAL OR CLINIC REGULARLY? (*"Regularly" means about every 2 months or more often and 4 or 5 times a year or more often.*)

c. WILL ANY OF THE ABOVE FAMILY MEMBERS NEED TO BE SEEN AT A HOSPITAL OR CLINIC OUTSIDE THE UNITED STATES REGULARLY BASED ON THEIR PRESENT MEDICAL CONDITION?

d. HAVE ANY OF THE ABOVE FAMILY MEMBERS BEEN TOLD THEY SHOULD BE SEEN REGULARLY AT A HOSPITAL OR CLINIC BUT ARE NOT BEING SEEN?

e. ARE ANY OF THE ABOVE FAMILY MEMBERS ENROLLED IN A SPECIAL EDUCATION PROGRAM?

f. DO ANY OF THE ABOVE FAMILY MEMBERS HAVE A LEARNING DISABILITY?

g. ARE ANY OF THE ABOVE FAMILY MEMBERS BLIND, DEAF, OR HARD OF HEARING?

h. DO ANY OF THE ABOVE FAMILY MEMBERS HAVE A SPEECH PROBLEM THAT REQUIRES THE SERVICES OF A SPEECH THERAPIST?

i. DO ANY OF THE ABOVE FAMILY MEMBERS HAVE A PHYSICAL DISABILITY THAT COULD AFFECT THEIR LEARNING?

j. DO ANY OF THE ABOVE FAMILY MEMBERS REQUIRE PROFESSIONAL COUNSELING REGARDING PROBLEM BEHAVIOR, SUCH AS ABUSE OF ALCOHOL OR DRUGS, RUNNING AWAY, SKIPPING SCHOOL, OR OTHER DELINQUENT-TYPE ACTS?

k. SIGN ONE OF THE CERTIFICATIONS BELOW

(1) I CERTIFY THAT I DO NOT HAVE FAMILY MEMBERS.

(a) SIGNATURE OF SPONSOR

(b) DATE (YYYYMMDD)

(2) I CERTIFY THAT MY ANSWER TO EACH OF THE ABOVE QUESTIONS IS NO FOR EACH OF THE FAMILY MEMBERS LISTED ABOVE.

(a) SIGNATURE OF SPONSOR

(b) DATE (YYYYMMDD)

(3) I CERTIFY THAT ONE OR MORE OF MY ANSWERS TO THE ABOVE QUESTIONS IS YES REGARDING A FAMILY MEMBER LISTED ABOVE. (*Check appropriate block below*)

☐ I INTEND THAT THE FAMILY MEMBER OR FAMILY MEMBERS WILL TRAVEL WITH ME CONCURRENTLY.

☐ I INTEND THAT THE FAMILY MEMBER OR FAMILY MEMBERS WILL TRAVEL ON A DELAYED BASIS.

☐ I DO NOT INTEND THAT THE FAMILY MEMBER OR FAMILY MEMBERS WILL TRAVEL TO MY NEW DUTY LOCATION OUTSIDE THE UNITED STATES. I UNDERSTAND THAT A DA FORM 5862-R (*ARMY EXCEPTIONAL FAMILY MEMBER PROGRAM MEDICAL SUMMARY*) AND DA FORM 5291-R (*ARMY EXCEPTIONAL FAMILY MEMBER PROGRAM EDUCATIONAL SUMMARY*) (*WHEN APPLICABLE*) MUST BE COMPLETED ON THE FAMILY MEMBER OR FAMILY MEMBERS AND PROVIDED TO THE CIVILIAN PERSONNEL OFFICE SHOULD I, AT A LATER DATE, DECIDE TO HAVE THE FAMILY MEMBER OR FAMILY MEMBERS JOIN ME AND THIS MUST BE ACCOMPLISHED PRIOR TO THEIR ARRIVAL AT THE LOCATION OUTSIDE THE UNITED STATES.

(a) SIGNATURE OF SPONSOR

(b) DATE (YYYYMMDD)

ARMY EXCEPTIONAL FAMILY MEMBER PROGRAM EDUCATIONAL SUMMARY

For use of this form, see AR 608-75; the proponent agency is OACSIM

DATA REQUIRED BY THE PRIVACY ACT OF 1974 (5 U.S.C. 552A)

AUTHORITY: PL 95-561 (*Defense Dependents' Education Act of 1978*); PL 101-476 (*Individuals with Disabilities Education Act*); PL 102-119 (*Individuals with Disabilities Education Act Amendments of 1991*); DODI 1342.12 (*Provision of Early Intervention and Special Education Services to Eligible DoD Dependents in Overseas Areas*), March 12, 1996; DODI 1010.13 (*Provision of Medically Related Services to Children Receiving or Eligible to Receive Special Education in DoD Dependents Schools Outside the United States*), August 28, 1986; 10 USC 3013; 20 USC 921 et seq. and 1400 et seq.

PRINCIPAL PURPOSE: To obtain information needed to evaluate and document the special education and medical needs of:

- (1) Family members of all soldiers.
- (2) Dependent children of Department of the Army civilian employees processing for an assignment to a location outside the United States where dependent travel is authorized at Government expense.

ROUTINE USES:

- (1) Information will be used by personnel of the military departments to evaluate and document the special education and medical needs of family members. This information will enable --
 - (a) Military assignment personnel to match the needs of family members against the availability of special education and medical services.
 - (b) Civilian personnel offices to determine the availability of special education and medically related services to meet the needs of dependent children of Department of the Army civilian employees.
- (2) Information will be used by Army Community Service in its Exceptional Family Member Outreach Program.

DISCLOSURE: The provision of requested information is mandatory. Failure to respond will preclude --

- (1) U.S. Total Army Personnel Command, U.S. Army Reserve Personnel Center, and Army National Guard Readiness Center from enrolling soldiers in the Exceptional Family Member Program (EFMP). Soldiers who knowingly refuse to enroll exceptional family members will receive, at a minimum, a general officer letter of reprimand. A soldier's refusal to provide information may preclude successful processing of an application for family travel/command sponsorship.
- (2) Civilian personnel offices from performing required EFMP aspects of overseas processing of Department of the Army civilian employees with dependent children with special needs. Department of the Army civilian employees who refuse to provide information will be denied the privilege of having their dependent children transported to the duty assignment outside the United States at Government expense.

SECTION A - RELEASE OF INFORMATION

1. I release the information on the summary and in the attached reports to personnel of the military departments for the purpose of evaluating and documenting my family member's need for special education and medical services (*and for military personnel recommendations for my next assignment*).

2. SIGNATURE OF SPONSOR OR SPONSOR'S SPOUSE

3. DATE SIGNED

SECTION B - SPONSOR INFORMATION (*please print or type*)

4. NAME (*Last, First, Middle Initial*)

5. MILITARY DEPARTMENT AFFILIATION (*Specify if Civilian*)

6. RANK OR GRADE

7. PRIMARY MOS/BRANCH/CIVILIAN
OCCUPATIONAL SERIES

8. SOCIAL SECURITY NUMBER

9. HOME ADDRESS (*Must be a 3-line address which includes street address or P.O. Box, and Zip Code*)

10. HOME PHONE (*Include Area Code*)

11. DUTY ADDRESS (*Must be a 3-line address which includes street address or P.O. Box, and Zip Code*)

12. DUTY PHONE

a. DSN

b. COMMERCIAL (*Include area code*)

13. PROJECTED LOCATION OF NEXT ASSIGNMENT (*If known*)

14. PROJECTED DATE OF NEXT
ASSIGNMENT

SECTION C - FAMILY MEMBER INFORMATION <i>(please print or type)</i>									
15. NAME <i>(Last, First, Middle Initial)</i>				16. SEX		17. DATE OF BIRTH <i>(DDMMYYYY)</i>		18. FAMILY MEMBER PREFIX	
SECTION D - EDUCATIONAL SUMMARY									
TO BE COMPLETED BY EARLY INTERVENTION PROVIDER/SCHOOL PERSONNEL. This information is used by the Department of Defense in selecting a duty station, including overseas locations, for this child's military sponsor. Please provide complete and accurate information.									
19. IS THIS STUDENT ELIGIBLE FOR EARLY INTERVENTION OR SPECIAL EDUCATION AS DESCRIBED IN INDIVIDUALS WITH DISABILITIES EDUCATION ACT? <i>(X one)</i>									
a. If "NO," do not complete the remainder of this form. Sign in block at right and return form to sponsor				SIGNATURE				DATE SIGNED	
b. If "YES," complete and sign items 19b thru 30, except for block 29.				SIGNATURE				DATE SIGNED	
20. UNDER WHAT CRITERIA IS STUDENT ELIGIBLE FOR SPECIAL EDUCATION? <i>(May only select 20a, 20b, or 20c)</i>									
a. Ages 3-21 <i>(X all that apply)</i>									
(X)	CODE		(X)	CODE		(X)	CODE		
	N07	Autistic		N04	Mentally Retarded		N06	Orthopedically Impaired	
	N02	Blind			Mild to moderate		N08	Other Health Impaired	
	N11	Visually Impaired			Moderate to severe <i>(trainable)</i>		N10	Seriously Emotionally Disturbed	
	N01	Deaf			Severe to profound		N12	Specific Learning Disability	
	N03	Hearing Impaired		N05	Traumatic brain injury		N09	Speech Impaired	
b. Birth through age 2 <i>(infants and toddlers)</i>									
<input type="checkbox"/> N13 Developmental Delay <input type="checkbox"/> N14 At Risk for Developmental Delay									
c. If student is enrolled in the Department of Defense Dependents Schools (DODDS), under which criteria are they qualified for special education?									
<input type="checkbox"/> Criterion A <input type="checkbox"/> Criterion B <input type="checkbox"/> Criterion C <input type="checkbox"/> Criterion D <input type="checkbox"/> Criterion E									
21. PRESENT LEVEL OF PERFORMANCE <i>(X appropriate column to indicate student's present level in each area)</i>									
CODE		(1) No Data	(2) Normal	(3) Mild Delay	(4) Moderate Delay	(5) Severe Delay			
Q01	a. Self-Help								
Q02	b. Gross Motor								
Q03	c. Fine Motor								
Q04	d. Social								
Q05	e. Cognitive								
Q06	f. Expressive Language								
Q07	g. Receptive Language								
h. Reading and Math Grade Levels <i>(Use the following codes to indicate reading and math grade levels)</i>									
O - kindergarten 9 - 9th grade A - 10th grade B - 11th grade C - 12th grade W - preschool Y - no formal education Z - unknown									
<input type="checkbox"/> Reading Grade Level <input type="checkbox"/> Math Grade Level									
22. SERVICES REQUIRED AND LISTED ON INDIVIDUALIZED EDUCATION PROGRAM (IEP) <i>(X and complete, as applicable, all services currently received)</i>									
CODE		(X)	(1) Duration of Contact <i>(Minutes)</i>	(2) Frequency of Contact <i>(D, W, M, Q, Y)</i>	(3) Select Highest Level of Intensity				
					Monitoring	Consult	Direct		
S01	a. Audiology								
S02	b. Counseling								
S03	c. Occupational Therapy								
S04	d. Psychological Services								
S05	e. Physical Therapy								
S06	f. Therapeutic Recreation								
S07	g. School Health Services								
S08	h. Social Work Services								
S09	i. Speech Therapy								

23. SERVICES REQUIRED AND LISTED ON INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP) (X and complete as applicable, all services currently received)

CODE		(X)	(1) Duration of Contact (Minutes)	(2) Frequency of Contact (D, W, M, Q, Y)	(3) Select Highest Level of Intensity		
					Monitoring	Consult	Direct
F10	a. Family Training/Counseling						
F11	b. Special Instruction						
F12	c. Speech Language Pathology						
F03	d. Occupational Therapy						
F05	e. Physical Therapy						
F04	f. Psychological Services						
F13	g. Service Coordination						
F14	h. Diagnostic Medical Services						
F07	i. Health Services						
F15	j. Vision Services						
F08	k. Social Work Services						
F16	l. Assistive Technology						
F17	m. Transportation						

24. Special Transportation ☐ Wheelchair ☐ School Bus Attendant

25. Does student require wheelchair accessibility in school building? ☐ YES ☐ NO

26. Percentage of student's time spent in special education classes or resource room: _____%

27. Does student require residential treatment in order to benefit from educational program? ☐ YES ☐ NO

28. STUDENT'S SPECIAL EDUCATION SERVICE DELIVERY SYSTEM CODE (Please enter one of the following)

A - Self-contained residential placement B - Self-contained residential placement in special school
 C - Self-contained class in a community public school D - Special education setting for 60 percent or more of the time
 E - Pull-out program or resource room program F - Co-teaching or inclusion model
 G - Classroom teaching with technical assistance by service provider
 H - Progress monitored by service provider

29. OTHER COMMENTS

SECTION E - ACKNOWLEDGEMENTS

30. SPONSOR OR SPONSOR'S SPOUSE:

The above information has been reviewed and found to be accurate and complete.

a. SIGNATURE

b. DATE SIGNED

31. SCHOOL PERSONNEL

a. TYPED OR PRINTED NAME (*Last, First, MI*)

b. TITLE

c. TELEPHONE (*Include area code*)

d. NAME OF SCHOOL

e. ADDRESS (*Include Zip Code*)

f. SCHOOL DISTRICT

g. SIGNATURE

h. DATE SIGNED

31. FOR USE BY MEDICAL COMMAND AND ASSIGNMENT PERSONNEL ONLY

32. FOR USE IN THE EFMP CODING PROCESS:

a. Special medical needs that need to be coordinated with overseas command ☐ YES ☐ NO

b. Disenrollment code (*If applicable, please enter one of the following*)

D - Death E - Educational Condition No Longer Exists M - Medical Condition No Longer Exists
N - No Longer Meets Requirements S - Separation/Retirement V - Divorce

c. NAME OF CODER (*Last, First, Middle Initial*)

d. MEDICAL TREATMENT FACILITY CODE

EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP) FLOW CHART FOR CIVILIAN CONUS HIRES

